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Alan C. Rose, Reg. No. 17,047

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/704,364  
Applicant : Joseph M. Iglesias et al.  
Filed : November 2, 2000  
Art Unit : 3764  
Examiner : Brown, Michael A.  
Title: : MOLDED ORTHOPAEDIC DEVICES

Docket No.: : 480032-312  
Customer No. : 24201

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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JUN 29 2004  
TECHNOLOGY CENTER R3700

AMENDMENT

Dear Sir:

In response to the Office Action Mailed June 2, 2004, application elects the claims of Group 1 with traverse.




One claim 96 is being added.

The claims start on page 2, Remarks on page 13.

06/24/2004 BABRAHA1 00000085 09704364

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9.00 DP

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. 480032-312 (66837)	
Applicant(s): Joseph M. Iglesias et al.					
Application No. 09/704,364	Filing Date November 2, 2000	Examiner Michael A. Brown	Customer No.	Group Art Unit 3764	Confirmation No.
Invention: <b>MOLDED ORTHOPAEDIC DEVICES</b>					
 <b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	96 -	95 =	1 x	\$9.00	\$9.00
INDEP. CLAIMS	11 -	11 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$9.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of <b>\$9.00</b> to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-2425 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: June 18, 2004 TECHNOLOGY CENTER		
Alan C. Rose, Reg. No. 17,047			<div style="border: 1px solid black; padding: 5px;">         I certify that this document and fee is being deposited on          June 18, 2004 with the U.S. Postal Service as first          class mail under 37 C.F.R. 1.8 and is addressed to the          Commissioner for Patents, P.O. Box 1450, Alexandria, VA          22313-1450.             _____          Signature of Person Mailing Correspondence           Alan C. Rose, Reg. No. 17,047          _____          Typed or Printed Name of Person Mailing Correspondence       </div>		
cc:					